

PNMI 101

Part 1

PNMI 101

- ▶ **Goal:** To be able to understand all standards required for PNMI compliance and how to ensure that the provided services are documented correctly.
- ▶ **Part 1: Standards 1-24**
 - ▶ Random Moment Time Study
 - ▶ Treatment Plan Timeliness Overview
 - ▶ Standards 1-7 General Information
 - ▶ Standards 8-13 Authorization and Evaluation
 - ▶ Standards 14-24 Treatment planning



Who, When, Why

- ▶ PNMI = Private Non-Medical Institutions
- ▶ PNMI Consultant Team
 - ▶ Conduct Reviews, Provide Trainings, Consultation and Technical Assistance, Ongoing Support
- ▶ PNMI Reviews occur:
 - ▶ Every 6 months for programs with <16 LBC, Once a year for programs with >16 LBC, Midterm for any under performing program
 - ▶ Onsite review (2-3 days)
- ▶ DCF partners with DCF Licensed RTCs and TGHs
 - ▶ Quality assurance of clinical and milieu rehabilitative services 74.5%
 - ▶ Quality assurance of RMTS 85%
 - ▶ Maximize federal financial reimbursement

Random Moment Time Study (RMTS)

- ▶ 85% Compliance Rate per quarter is required
- ▶ Completed by all staff within PNMI programs who spend more than 20% of their time with the youth
- ▶ Used to determine:
 - ▶ rate billed to Medicaid for PNMI programs
 - ▶ % of time the staff spend doing reimbursable activities
- ▶ Program RMTS Liaisons Responsibilities:
 - ▶ Enter staff work schedules by 15th before Quarter begins
 - ▶ Complete Change of Status Requests as needed
 - ▶ Monitor staff RMTS completion throughout Quarter
 - ▶ Monitor overall program compliance throughout Quarter
 - ▶ RMTS technical assistance - UMASS (1-800-535-6741)

Treatment Plan Timeliness Overview (TPTO)

- ▶ Review all treatment plans since the last review
 - ▶ Authorized by Licensed Clinical Practitioner (LCP)
 - ▶ Timeliness
- ▶ Results include compliance percentages for:
 - ▶ Overall, Initial, 30 day, 90 day, Quarterly plans

Treatment Plan Timeliness Overview

Therapeutic Group Home Treatment Plan Authorization Summary

Enter Sample Period:

From- **1/1/18**

To- **6/30/18**

Facility Wide Data for the period reviewed:

# of Records	Overall	Initial	30 Day	1st 90 Day	Qtrly
3	100.0%	100.0%	100.0%		100.0%

Grouped Data for the time period:

Group	Overall	Initial	30 Day	1st 90 Day	Qtrly
Not Grouped	100.0%	100.0%	100.0%		100.0%

All Time Data: **Earliest Admission:** 9/14/11 **Most Recent Admission:** 4/4/18

# of Records	Overall	Initial	30 Day	1st 90 Day	Qtrly
36	100.0%	100.0%	100.0%	100.0%	100.0%

Treatment Plan Timeliness Tool



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Treatment Plan Timeliness Tool

	Name- First	Last	Admission Date	30 Day TP	90 Day Plan	180 day (6 mo) Plan	270 day Plan	360 day (12 mo) Plan	450 day Plan
1				01/30/00	03/30/00	06/28/00	09/26/00	12/25/00	03/25/01
2				01/30/00	03/30/00	06/28/00	09/26/00	12/25/00	03/25/01
3				01/30/00	03/30/00	06/28/00	09/26/00	12/25/00	03/25/01
4				01/30/00	03/30/00	06/28/00	09/26/00	12/25/00	03/25/01
5				01/30/00	03/30/00	06/28/00	09/26/00	12/25/00	03/25/01
6				01/30/00	03/30/00	06/28/00	09/26/00	12/25/00	03/25/01
7				01/30/00	03/30/00	06/28/00	09/26/00	12/25/00	03/25/01
8				01/30/00	03/30/00	06/28/00	09/26/00	12/25/00	03/25/01
9				01/30/00	03/30/00	06/28/00	09/26/00	12/25/00	03/25/01
10				01/30/00	03/30/00	06/28/00	09/26/00	12/25/00	03/25/01
11				01/30/00	03/30/00	06/28/00	09/26/00	12/25/00	03/25/01
12				01/30/00	03/30/00	06/28/00	09/26/00	12/25/00	03/25/01
13				01/30/00	03/30/00	06/28/00	09/26/00	12/25/00	03/25/01
14				01/30/00	03/30/00	06/28/00	09/26/00	12/25/00	03/25/01
15				01/30/00	03/30/00	06/28/00	09/26/00	12/25/00	03/25/01
16				01/30/00	03/30/00	06/28/00	09/26/00	12/25/00	03/25/01

MTPPR Tracking Tool



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MTPPR Tracking Tool

Name: Admit Date: Additional Quarters:

Treatment Plan Authorization Due	MTPPR Due	Reporting Period		Treatment Plan Authorization Due	MTPPR Due	Reporting Period	
		Start	End			Start	End
Initial <input type="text" value="1/1/18"/>				900 Day: <input type="text" value="6/19/20"/>	Due	Start	End
Plan Due: <input type="text" value="🔗"/>	N/A			Plan Due <input type="text" value="🔗"/>	7/8/20	6/4/20	7/3/20
30 Day: <input type="text" value="1/31/18"/>	Due	Start	End		8/7/20	7/4/20	8/2/20
Plan Due <input type="text" value="🔗"/>	2/19/18	1/1/18	2/14/18		9/6/20	8/3/20	9/1/20
	3/21/18	2/15/18	3/16/18				
90 Day: <input type="text" value="4/1/18"/>	Due	Start	End	990 Day: <input type="text" value="9/17/20"/>	Due	Start	End
Plan Due: <input type="text" value="🔗"/>	4/20/18	3/17/18	4/15/18	Plan Due <input type="text" value="🔗"/>	10/6/20	9/2/20	10/1/20
	5/20/18	4/16/18	5/15/18		11/5/20	10/2/20	10/31/20
	6/19/18	5/16/18	6/14/18		12/5/20	11/1/20	11/30/20
180 Day: <input type="text" value="6/30/18"/>	Due	Start	End	1080 Day: <input type="text" value="12/16/20"/>	Due	Start	End
Plan Due: <input type="text" value="🔗"/>	7/19/18	6/15/18	7/14/18	Plan Due: <input type="text" value="🔗"/>	1/4/21	12/1/20	12/30/20
	8/18/18	7/15/18	8/13/18		2/3/21	12/31/20	1/29/21
	9/17/18	8/14/18	9/12/18		3/5/21	1/30/21	2/28/21
270 Day: <input type="text" value="9/28/18"/>	Due	Start	End	1170 Day: <input type="text" value="3/16/21"/>	Due	Start	End
Plan Due: <input type="text" value="🔗"/>	10/17/18	9/13/18	10/12/18	Plan Due: <input type="text" value="🔗"/>	4/4/21	3/1/21	3/30/21
	11/16/18	10/13/18	11/11/18		5/4/21	3/31/21	4/29/21
	12/16/18	11/12/18	12/11/18		6/3/21	4/30/21	5/29/21
360 Day: <input type="text" value="12/27/18"/>	Due	Start	End	1260 Day: <input type="text" value="6/14/21"/>	Due	Start	End
Plan Due: <input type="text" value="🔗"/>	1/15/19	12/12/18	1/10/19	Plan Due: <input type="text" value="🔗"/>	7/3/21	5/30/21	6/28/21
	2/14/19	1/11/19	2/9/19		8/2/21	6/29/21	7/28/21
	3/16/19	2/10/19	3/11/19		9/1/21	7/29/21	8/27/21

RecRev

Weighted-Unweighted Report

Example Weighted Overall Record Rating: **96.4%**

	Unweighted	Assigned Weight	Weighted
General Information (1-7):	100.0%	5%	5.0%
Authorization & Evaluation Documentation (8-13):	100.0%	15%	15.0%
Treatment Planning (14-24):	100.0%	40%	40.0%
Service Delivery & Progress Documentation (25-35):	90.9%	40%	36.4%
Total:	97.1%	100%	96.4%

An overall weighted result of 74.5% or higher is required

PNMI Exit Sheet



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PNMI Exit Sheet

General Information 5%	1*	Full Name of Child/Youth
	2*	Gender
	3*	DOB
	4*	Link PID #
	5*	EMS #
	6*	Admission Date
	7*	Actual Discharge Date
Authorization and Evaluation 15%	8*	Reason for Placement (from face sheet)
	9*	Psychosocial History must be completed and signed within the first 30 days from admission
	10*	CANS Information: Registration/Referral form
	11*	CANS Information: Level of Care
	12*	CANS Information: Referral packet w/ DSM dx.
Treatment Planning 40%	13*	CANS Information: Reauthorization forms from Beacon Health.
	14	Initial Treatment Plan: *(written no later than the DOA & authorized by a LCP).
	15	30-day Treatment Plan: Name, Signature, Date, Title of LCP.
	16	90-day Treatment Plan: And all subsequent quarterly treatment plans
	17	Treatment Planning Participation: Signature page for all participants.
	18	Sourcing the Goals: Statement specifying the source if the info which the goal is based.
	19	Goals & Objectives: All treatment plans have appropriate Goals & Objectives.
	20	Clinical & Milieu Services: Individual, Group and Family Therapy, Psycho-education Group, Therapeutic Recreation, Daily Proactive Coaching, etc. *Intervention-staff implementing the intervention, linked to the objective, aimed at youth goals.
	21	Clinical & Milieu Services: Documentation requirements (frequency & duration).
	22	Reauthorization of the Treatment Plans: Treatment plan is reviewed, reauthorized as necessary and appropriate, signed, dated by LCP within 90-days of admission.
Service Delivery And Progress Documentation 40%	23	Detailed Progress Review: Beginning with first 90-day plan for each Goal & Objective there is a written statement of progress.
	24	Discharge Plan within the Plan: Beginning with the 30-day plan, to include date, caregiver, optional-concurrent, projected services needed at discharge, indication if there are any barriers for discharge and if so, steps to address them.
	25	Service Delivery & Progress Documentation: Clinical Services: per session, one note unless same person wrote notes, *includes frequencies and session duration from the treatment plan. 75% or higher is required for each service.
	26	Service Delivery & Progress Documentation-Progress Notes: Type of service, session duration as written in treatment plan *(never prefill duration, actual duration should be noted, entered in record no later than 30-days after service, but ideally right after session.
	27	Service Delivery & Progress Documentation-Progress Note: Each note must specify the date the service was provided.
	28	Service Delivery & Progress Documentation-Progress Note: Printed name, signature, date, title of person providing the service *(the same person who provides the service must be the same person writing the note). 95% of the notes required to meet.
	29	Service Delivery & Progress Documentation-Progress Note: Each progress note specifies the treatment plan Goal & Objective addressed during the session.

Service Delivery And Progress Documentation, continued 40%	30	Service Delivery & Progress Documentation-Progress Notes: Progress towards Goals & Objectives *(must include information on progress toward achieving the goals/objectives including psych/med management notes, outside providers delivering services in support of the treatment plan.
	31	Daily Milieu Proactive Services: Teaching or coaching on a useful skill using the treatment plan indications, proactively implemented , in a planned manner , where the program seeks out the youth. If a service is not given, a progress note must be written explaining why the service was not given. There must be a milieu progress note written each day. If the youth is not at the program for a day or a period of time and there is no note documenting each day of their absence from the program, the days cannot be eliminated from the QSR compliance calculation. 75% or higher is required.
	32*	Monthly Treatment Plan and Progress Report (MTPPR): Monthly progress report in record for each month youth is in placement.
	33	Monthly Treatment Plan and Progress Report (MTPPR): Information on the number, (frequency) of clinical sessions given is on the MTPPR to include: *individual, group & family therapy and documentation of the frequency of services provided in the MTPPR must be consistent with the actual services provided as documented in the progress notes. If the period under review includes only one (1) MTPPR, that MTPPR there can be no discrepancies in reporting; if the period under review includes two (2) MTPPRs there can be no more than one (1) discrepancy in reporting.
	34	Monthly Treatment Plan and Progress Report (MTPPR): MTPPR addresses progress made toward Goals & Objectives of the individual treatment plan (ITP). *Begin documentation of the treatment plan in the Symptomatology box, continue documentation in the Recovery and Resiliency box.
35*	Monthly Treatment Plan and Progress Report (MTPPR): documentation that the monthly summary has been sent to the area office designee, (this is the same as having submitted it to Beacon Health).	

* Standards denoted with an asterisk, if not found during the PNMI Review, can be resolved prior the completion of the review.

o Standards denoted with a superscript circle, Standard 9, can be resolved prior to the completion of the review if the document was written and signed no later than 30 days following admission but was not found in the record initially during the review.

RecRev Full Report



PNMI RECORD REVIEW



Facility: **Therapeutic Group Home**

Client First: **John**

Client Last: **Jo**

D.O.B.: **01/01/01**

D.O.A.: **1/25/18**

Reviewer: **Melissa Testa**

Review Start Date: **10/9/18**

257 placement days at the time of this review

Add
Dates

Standard	PNMI Compliance Requirement	Rating	PNMI Non-Compliance Indicators
	STANDARD CATEGORY: GENERAL INFORMATION DOCUMENTATION		
1	Child's Full Legal Name in Record	C	
2	Child's Sex [Male or Female] in Record	C	
3	Child's Date of Birth in Record	C	
4	Child's LINK Person ID Number in Record	C	
5	Child's Medicaid Number in Record	C	
6	Child's Admission Date in Record	C	
7	Child's Discharge Date in Record	N/A	
	7.1 The child's date of discharge from the program is entered in the case record on the face sheet once the child has been discharged		
			Comments
			Standard 1 -6 all compliant with no concerns.

PNMI 35 Standards Packet



CONNECTICUT PNMI STANDARDS

The Standards are the structural components for achieving effective child specific rehabilitative service outcomes in support of restoring the child to the highest possible level of functioning and achieving the child specific discharge plan.

STANDARD CATEGORY: GENERAL INFORMATION DOCUMENTATION

Standard 1.

Child's Full Legal Name in Record

1.1 The child's full legal name [first name, middle name(s), and last or surname, without use of initials or nicknames] is entered in the case record on the face sheet

Standard 2.

Child's Sex Is Noted in Record

2.1 The child's sex [male or female] is entered in the case record on the face sheet

Standard 3.

Child's Date of Birth in Record

3.1 The child's date of birth is entered in the case record on the face sheet

Standard 4.

Child's LINK Person ID Number in Record

4.1 The child's DCF LINK Person Identification Number (as opposed to the Case Identification Number) is obtained and entered in the case record on the face sheet

Standard 5.

Child's Medicaid Number in Record

5.1 The child's CT Medicaid Number is obtained and entered in the case record on the face sheet

Standard 6.

Child's Admission Date in Record

6.1 The child's date of admission into the program is entered in the case record on the face sheet

General Information

Standards 1 to 7 = 5%

Face Sheet

- Standard 1 - Full Name (first, middle, last)
 - No initials/nickname
- Standard 2 - Child's Sex
- Standard 3 - Date of Birth
- Standard 4 - LINK Personal Identification Number (PID)
 - NOT LINK Case Number
- Standard 5 - Medicaid number
- Standard 6 - Admission Date
- Standard 7 - Actual Discharge Date
 - Only if youth has discharged

Authorization & Evaluation Documentation

Standards 8 to 13 = 15%

- ▶ **Standard 8 - Reason for placement (Face Sheet)**
 - ▶ Focal Problem, pre-placement conditions/circumstances
- ▶ **Standard 9 - Psychosocial History**
 - ▶ Labeled: Family History, Social History, Medical/Health History
 - ▶ Including developmental history and psychiatric/treatment history information
 - ▶ Stand alone, dated document within 30 days of admission
- ▶ **Standards 10, 11 and 12 - CANS Registration**
 - ▶ Is it there, Level of Care, LCP signature, Diagnosis
- ▶ **Standard 13 - All Authorization/Reauthorization forms from Beacon Health/CTBHP**

Treatment Planning

Standards 14-24 = 40%

- ▶ Standards 14-16 - Treatment Plan Authorizations
- ▶ Standard 17 - Treatment Plan Participation
- ▶ Standard 18 - Sourcing the Diagnosis and Goals
- ▶ Standard 19 - Goals and Objectives
- ▶ Standards 20 & 21 - Clinical and Milieu Services
- ▶ Standard 22 - Re-Authorization by LCP
- ▶ Standard 23 - Goals and Objectives Progress
- ▶ Standard 24 - Discharge Plan

Standards 14, 15, 16

Initial, 30 Day, 90 Day/Quarterly

- ▶ Is the plan there?
- ▶ Is the plan authorized?
 - ▶ Authorizing Statement
 - ▶ Dated Signature with Credentials by an LCP
 - ▶ Printed Name, Credentials, Agency Title of LCP
- ▶ Signed on time by the LCP
 - ▶ Actual Date vs Effective Date
 - ▶ Can be signed up to 30 days prior to the due date

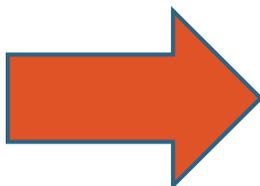
Authorizing LCP Requirements



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Sample Treatment Plan Signature Pages



Licensed Practitioner Authorization (Approval): I have assessed this child/youth and reviewed all available information regarding this child/youth's needs and progress, and by my signature below I am authorizing this plan as necessary and appropriate.

Agency-Authorized Licensed Clinical Practitioner Approving This Plan:

Elizabeth Director, LCSW, Group Home Director
Printed Name, Credentials, Agency Title

Elizabeth Director, LCSW
signature (Or E-Signature), Credentials

5/31/15
Date

Team Members (Persons who participated in the development of this plan):

Clinician

I have discussed this plan with **youth** to ensure his/her complete understanding and have attempted to incorporate his/her concerns and suggestions into this plan.

-Yes -No (Explanation): _____

I have discussed this plan with the child's parents to ensure their complete understanding, and have attempted to incorporate their concerns and suggestions into this plan:

-Yes -No (Explanation): _____

Clinician Signature: Mary Therapist, LCSW
printed Name/Credential

Mary Therapist, LCSW
signature and credentials

05/31/15
date

Child/Youth:

I participated in the development of this plan through: Attendance at planning meeting - Participation in a planning meeting via phone Discussion with a clinician- Other-

I did not participate but have reviewed this plan-

Child/Youth Signature: JP O'Example/Youth
printed name/relationship

JP O' Example
signature

05/31/15
date

Explanation for child/youth not participating in the development of this plan and/or not signing it: _____

DCF:

I participated in the development of this plan through: Attendance at planning meeting - Participation in a planning meeting via phone Discussion with a clinician- Other-

I did not participate but have reviewed this plan-

DCF Signature: John Doe/AOSW
printed name/title

John Doe
signature

05/31/15
date

Explanation for DCF staff not participating in the development of this plan or indicating they do not accept this plan and/or not signing it: _____

Who is an Authorizing LCP?

- ▶ Medical Doctor (MD)/Doctor of Osteopathy (DO)
- ▶ Licensed Psychologist (PhD, PsyD)
- ▶ Licensed Marriage and Family Therapist (LMFT)
- ▶ Licensed Clinical Social Worker (LCSW)
- ▶ Licensed Alcohol and Drug Counselor (LADC)
- ▶ Licensed Registered Nurse (RN) with a minimum of one (1) year experience
- ▶ Licensed Advanced Practice Registered Nurse (APRN)

C.G.S. 17b-262-748 6A-G

Standard 17

Treatment Planning Participation

- ▶ Beginning with the 30 day plan, plans are developed in conjunction with DCF, Youth, and Family Representative and documentation must include:
 - ▶ Signature and date of participant
 - ▶ Participation in plan development
 - ▶ Date copy was provided to participant
 - ▶ Plan was presented to youth in language appropriate to their level of functioning

If any of the above information is missing or not applicable, an explanation is required in the plan by the LCP signature date

Standard 17

Treatment Planning Participation Sample



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Sample Treatment Plan Signature Pages

Licensed Practitioner Authorization (Approval): I have assessed this child/youth and reviewed all available information regarding this child/youth's needs and progress, and by my signature below I am authorizing this plan as necessary and appropriate.

Agency-Authorized Licensed Clinical Practitioner Approving This Plan:

Elizabeth Director, LCSW, Group Home Director Elizabeth Director, LCSW 5/31/15
Printed Name, Credentials, Agency Title signature (Or E-Signature), Credentials Date

Team Members (Persons who participated in the development of this plan):

Clinician

I have discussed this plan with youth to ensure his/her complete understanding and have attempted to incorporate his/her concerns and suggestions into this plan.

-Yes -No (Explanation): _____

I have discussed this plan with the child's parents to ensure their complete understanding, and have attempted to incorporate their concerns and suggestions into this plan:

-Yes -No (Explanation): _____

Clinician Signature: Mary Therapist, LCSW Mary Therapist, LCSW 05/31/15
printed Name/Credential signature and credentials date

Child/Youth:

I participated in the development of this plan through: Attendance at planning meeting - Participation in a planning meeting via phone Discussion with a clinician - Other -

I did not participate but have reviewed this plan -

Child/Youth Signature: JP O'Example/Youth JP O'Example 05/31/15
printed name/relationship signature date

Explanation for child/youth not participating in the development of this plan and/or not signing it: _____

DCF:

I participated in the development of this plan through: Attendance at planning meeting - Participation in a planning meeting via phone Discussion with a clinician - Other -

I did not participate but have reviewed this plan -

DCF Signature: John Doe/AOSW John Doe 05/31/15
printed name/title signature date

Explanation for DCF staff not participating in the development of this plan or indicating they do not accept this plan and/or not signing it: _____



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Parent:

I participated in the development of this plan through: Attendance at planning meeting - Participation in a planning meeting via phone Discussion with a clinician - Other -

I did not participate but have reviewed this plan -

Parent/Family Signature: Olga O'Example/Mother Olga O'Example 05/31/15
Printed name/relationship signature date

Explanation for parent not participating in the development of this plan or indicating they do not accept this plan and/or not signing it: _____

Parent 2

I participated in the development of this plan through: Attendance at planning meeting - Participation in a planning meeting via phone Discussion with a clinician - Other -

I did not participate but have reviewed this plan -

Parent/Family Signature: Olga O'Example/Mother Olga O'Example 05/31/15
Printed name/relationship signature date

Explanation for parent not participating in the development of this plan or indicating they do not accept this plan and/or not signing it: Mr. O'Example was recently admitted into an in-patient treatment program for alcohol dependence. The program does not allow calls or contacts the first two weeks. A copy of the plan was sent to him today. M.T. 5/31/15

Guardian (if other than any above)

I participated in the development of this plan through: Attendance at planning meeting - Participation in a planning meeting via phone Discussion with a clinician - Other -

I did not participate but have reviewed this plan -

Guardian Signature: _____ Date: 05/31/15
printed name/relationship signature handwritten date

Explanation for Guardian not participating in the development of this plan or indicating they do not accept this plan and/or not signing it: _____

A copy of this plan was given to (please indicate the date the copy was given or sent and initial as sender and if a copy was not given please explain why):

Child/Youth - 5/31/15 MT

Parent 1 - 5/31/15 MT

Parent 2 - 5/31/15 MT

Other Involved Relative (s) - _____

DCF Worker-5/31/15 MT

If a copy was not given to child, parent(s) and/or other involved relatives or DCF explain why below, or, if the plan (or a copy) was made available to child, parents and/or other involved relatives for reading upon request, please state so below and explain why: _____



Treatment Planning **TEAM** Approach

- ▶ Includes input and feedback from:
 - ▶ Youth
 - ▶ Parents
 - ▶ DCF
 - ▶ Family Representative
 - ▶ Milieu/Program Staff
 - ▶ Other Significant Adults (i.e. Mentor, Placement Resource, Fictive Kin)

“Together Everyone Achieves More”

Standard 18

Sourcing the Goals

Sourcing = Where did the information come from to create the goals?

- ▶ Each Goal needs to be linked to a Sourced Diagnosis and Associated Symptoms(s)
 - ▶ Requirements for Sourcing Diagnosis
 - ▶ Date AND Evaluator (1/1/16, Dr. Smith) **AND/OR**
 - ▶ Specific Document (e.g. 1/1/16 CANS, Solnit Discharge Summary)
- AND/OR**
- ▶ Each Goal needs to be linked to a Functional Impairment and the comprehensive evaluation/assessment which identifies the youths rehabilitation needs
 - ▶ Requirements for Sourcing Functional Impairment
 - ▶ Date and Document Name (Psychological Evaluation 5/1/2015)

Sourcing the Goals Sample

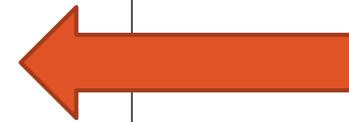


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Sample Treatment Plan

Client: Johnny O'Brian						
Goals, Objectives, Interventions and Strengths to Address Specific Vulnerabilities/Needs:						
Vulnerability/Symptom/Need/Impairment in Daily Living 1: Chronic depressed mood, conflicts with peers, chronic irritability and frequent anger explosions.		Strengths that Support Positive Outcomes Described as able to listen to advice, estimated to be slightly above average intelligence, reported as insightful.		Source: (Diagnosis/Evaluation/Assessment Utilized as Source) Dr. Pill's Psychiatric Evaluation 1/16/16		
Goal 1: (Anticipated Outcome) Johnny will regularly exhibit a positive mood, a calm affect and a pro-social attitude. Progress: Johnny has made good progress on this goal AEB by obtaining and maintain green level.						
Objectives (incorporate strengths as appropriate):	Service Type:	Service Description:	Session Duration	Frequency	Staff Responsible:	Progress:
1A: Johnny will develop positive coping skills and social skills to help develop and maintain healthy relationships with adults and peers. Progress will be measured by regular positive reports from his therapist.	Individual Therapy	Provide cognitive behavioral therapy to assist with identifying patterns of thoughts, beliefs and actions relating to frequent anger outbursts and depressed mood	60 Minutes	1x/week	Clinician-Therapist/ Mary Nice, LCSW	Moderate-Johnny has worked with therapist on new interpersonal strategies. He is now better able to replace negative self-judgement and negative thinking with healthier, positive approaches. He still needs to continue to work on it and on elevating his self-esteem
1B: Johnny will improve symptoms of depression by taking his medication as prescribed and meeting with the psychiatrist as scheduled.	Medication Management	Provide regular consultation regarding effectiveness of medication	15 Minutes	2x/month	Child Psychiatrist/ Robert Pill, MD	Good. Johnny attended all his medication management sessions with the psychiatrist, takes his medications regularly. The meds have consistently had a positive effect in his mood amelioration and stabilization and his affect is positive most of the times.



Standard 19

Goals and Objectives

- ▶ **GOALS:**
 - ▶ Clearly identified specific goals
 - ▶ A global statement that describes improvement in the functional impairment
 - ▶ i.e.: Youth will utilize effective communication skills
 - ▶ Desired outcome/youth's presentation when they achieve the goal
 - ▶ Key words: Exhibit, Display, Demonstrate

Standard 19

Goals and Objectives

▶ OBJECTIVE:

- ▶ Speaks of the work the youth will do to accomplish the goal (process oriented)
 - ▶ i.e. Youth will learn, youth will work on, etc.
- ▶ Key words: Learn, Work, Express, Explain
- ▶ Objectives must be measurable
 - ▶ “As evidenced by...” (AEB)
 - ▶ Reduce, increase, decrease
- ▶ Service Description: Can be utilized to provide staff strategies to teach skills to the youth

Goal and Objectives Sample



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Sample Treatment Plan

Client: Johnny O'Brian							
Goals , Objectives, Interventions and Strengths to Address Specific Vulnerabilities/Needs:							
Vulnerability/Symptom/Need/Impairment in Daily Living 1: Chronic depressed mood, conflicts with peers, chronic irritability and frequent anger explosions.		Strengths that Support Positive Outcomes Described as able to listen to advice, estimated to be slightly above average intelligence, reported as insightful.		Source: (Diagnosis/Evaluation/Assessment Utilized as Source) Dr. Pill's Psychiatric Evaluation 1/16/16			
Goal 1: (Anticipated Outcome) Johnny will regularly exhibit a positive mood, a calm affect and a pro-social attitude. Progress: Johnny has made good progress on this goal AEB by obtaining and maintain green level.							
Objectives (incorporate strengths as appropriate):		Service Type:	Service Description:	Session Duration	Frequency	Staff Responsible:	Progress:
1A: Johnny will develop positive coping skills and social skills to help develop and maintain healthy relationships with adults and peers. Progress will be measured by regular positive reports from his therapist.		Individual Therapy	Provide cognitive behavioral therapy to assist with identifying patterns of thoughts, beliefs and actions relating to frequent anger outbursts and depressed mood	60 Minutes	1x/week	Clinician-Therapist/ Mary Nice, LCSW	Moderate-Johnny has worked with therapist on new interpersonal strategies. He is now better able to replace negative self-judgement and negative thinking with healthier, positive approaches. He still needs to continue to work on it and on elevating his self-esteem
1B: Johnny will improve symptoms of depression by taking his medication as prescribed and meeting with the psychiatrist as scheduled.		Medication Management	Provide regular consultation regarding effectiveness of medication	15 Minutes	2x/month	Child Psychiatrist/ Robert Pill, MD	Good. Johnny attended all his medication management sessions with the psychiatrist, takes his medications regularly. The meds have consistently had a positive effect in his mood amelioration and stabilization and his affect is positive most of the times.



Standard 20

Clinical and Milieu Services

- ▶ What is the service (intervention)
 - ▶ i.e. individual therapy, group therapy, milieu intervention, etc.
- ▶ Who will deliver the service by title/agency role
 - ▶ i.e. Clinician, milieu staff, psychiatrist, etc.
- ▶ Service is linked to an objective(s)

Clinical Services Samples



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Sample Treatment Plan

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1B: Johnny will improve symptoms of depression by taking his medication as prescribed and meeting with the psychiatrist as scheduled.	Medication Management	Provide regular consultation regarding effectiveness of medication	15 Minutes	2x/month	Child Psychiatrist/ Robert Pill, MD	Good. Johnny attended all his medication management sessions with the psychiatrist, takes his medications regularly. The meds have consistently had a positive effect in his mood amelioration and stabilization and his affect is positive most of the times.



Standard 21

Clinical and Milieu Services

- ▶ Each treatment plan service must include:
 - ▶ **Frequency:** how many times a week/month/day etc.
 - ▶ **Duration:** how many minutes per session
 - ▶ **“Per Service” Duration:** If a service is time limited, indicate how long it will last (start and end dates)
 - ▶ **PRN/As Needed:** Frequency must indicate PRN or “As Needed”

Clinical Services Samples

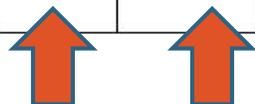


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Milieu Service Samples



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<p>1C: Johnny will learn and use healthy ways of controlling his anger. Progress will be measured by regular reports from milieu staff and youth.</p>	<p>Proactive Milieu Service</p>	<ul style="list-style-type: none"> • Identify Triggers • Identify/practice Coping Skills • Identify ways to reduce stress • Identify physiological stress symptoms • Practice asking to utilize coping skills • Identify barriers • Identify supports 	<p>15 Minutes</p>	<p>Daily</p>	<p>Milieu Coach</p>	<p>Moderate. Johnny only had a few anger outburst and currently he is better to maintain awareness of what others say about him and to him and how he reacts to it. He needs to continue to work on self-awareness and triggers identification.</p>
<p>1D: Johnny will learn and use positive ways of engaging in healthy social interactions with peers and adults. Progress will be measured by regular reports from milieu staff and youth.</p>	<p>Proactive Milieu Service</p>	<ul style="list-style-type: none"> • Practice having a conversation • Ask for help • Look in a person's eyes when talking • Reading body language • Taking turns talking • Cultural differences 	<p>15 Minutes</p>	<p>Daily</p>	<p>Milieu Coach</p>	<p>Moderate- Staff reported Johnny having had less instances of arguing with peers and acting in opposition of staff. He was observed seeking to engage in conversation with peers and staff more often this period than the last plan's period. He also argued less often with peers while engaged in activities with them. He needs to continue to work on it especially the area of trigger identification and listening to others for positive reactions.</p>



Outside Clinical Services

- ▶ If services delivered by an outside provider are included on the treatment plan:
 - ▶ They must comply with Standards 20 and 21
 - ▶ A progress note must be included in the record for all outside service sessions
 - ▶ Source for the note can be from
 - ▶ Outside provider
 - ▶ DCF staff
 - ▶ Program staff
 - ▶ Youth

Treatment Plan Addendum

- ▶ Addendums are required when goals, objectives and/or services are changed in the current treatment plan and need to include:
 - ▶ Effective end and/or start date of a goal, objective and/or service
 - ▶ LCP authorizing signature
 - ▶ Youth signature
 - ▶ Documentation copy provided to Youth, DCF and Parent/Family

Standard 22

Re-Authorization of Treatment Plan

- ▶ Beginning with the 90 day plan, each treatment plan must be authorized by the LCP
 - ▶ Can be signed up to 31 days in advance
 - ▶ Must be signed by the due date

Standard 23

Detailed Progress Review

- ▶ Beginning with the 90 Day plan, a detailed progress statement must be included for **each individual goal** **AND** **each individual objective**
- ▶ Progress statements can be in a separate document but must be authorized by the LCP

Progress Statements Sample



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Sample Treatment Plan

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Chronic depressed mood, conflicts with peers, chronic irritability and frequent anger explosions.		Described as able to listen to advice, estimated to be slightly above average intelligence, reported as insightful.		Dr. Pill's Psychiatric Evaluation 1/16/16		
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Standard 24

Discharge Planning

- ▶ Beginning with the 30 day plan, discharge planning must be documented to include:
 - ▶ Discharge plan (reunification, independent living, etc.)
 - ▶ Full projected discharge date (mm/dd/yyyy)
 - ▶ Discharge Caregiver (Person not agency)
 - ▶ Concurrent discharge plan, if applicable
 - ▶ Services needed post discharge
 - ▶ Barriers to discharge, if applicable, and steps to address them

Discharge Planning Sample



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<p>1C: Johnny will learn and use healthy ways of controlling his anger. Progress will be measured by regular reports from milieu staff and youth.</p>	<p>Proactive Milieu Service</p>	<ul style="list-style-type: none"> • Identify Triggers • Identify/practice Coping Skills • Identify ways to reduce stress • Identify physiological stress symptoms • Practice asking to utilize coping skills • Identify barriers • Identify supports 	<p>15 Minutes</p>	<p>Daily</p>	<p>Milieu Coach</p>	<p>Moderate. Johnny only had a few anger outburst and currently he is better to maintain awareness of what others say about him and to him and how he reacts to it. He needs to continue to work on self-awareness and triggers identification.</p>
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Discharge Planning

Discharge Plan: Reunification

Projected Caregiver: Father

Projected Discharge Date: 10/1/2019

Services required after discharge: Medication management, individual therapy, family therapy

Barriers to reunification: none identified at this time

Concurrent planning: n/a



Thank you

End of Part 1

Contact your assigned consultant for technical assistance or questions.

All resources from this training are available online:

<https://portal.ct.gov/DCF/PNMI/Home>